

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | ML | | 06-01-01 |
| O.I.P.E. CLASSIFIER | | 2 | 6/13/01 |
| FORMALITY REVIEW | N/S | 901 | 07/30/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

BEST AVAILABLE COPY

| Claim | Date |
|----------|-------|
| Final | |
| Original | |
| 02 | 07/12 |
| 03 | 03/03 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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2-8-06
 07/01/01